PTO/SB/05 (05-03)
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UTILITY PATENT APPLICATION	
TRANSMITTAL	-

(Only for new nonprovisional applications under 37 CFR 1.53(b))

2	spond to a collection of inform	entain Office. U.S. DEPARTMENT OF COMMERCE lation unless it displays a valid OMB control number.
	Attorney Docket No.	4525-08
	First Inventor	Giridhari L. Agrawal
I	Title	HIGH LOAD CAPACITY STACKED FOIL THRUST BEARING ASSEMBLY
l	Express Mail Label No.	EV 332040106 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 14] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table	applications under 37 CFR 1.53(b))	Express Mail Label No. E	V 332040106	SUS
Computer and a outplicate for fee processing	See WIFEF chapter 600 concerning utility patent application contents.	ADDRESS TO:	ommissioner for Pa ail Stop Patent App O. Box 1450	atents olication
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation-/clivisonal with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: 17. Continuation Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disciosure of the prior application, from which an oath or declaration is supplied under Box The Incorporation can only be refled upon when a portlon has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Unsert Customer No or Attach Dar Code label here) OR	(Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 14] - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration	7. CD-ROM or CD-R i Computer Program 8. Nucleotide and/or Amino (if applicable, all necessa a. Computer Rea b. Specification S i. CD-ROM ii. Paper c. Statements ve ACCOMPANYING 9. Assignment Papers 10. 37 CFR 3.73(b) Statements is an all when there is an all when there is an all and an all when there is an all and an all an all and an all and an all and an all	in duplicate, large (Appendix) o Acid Sequence ary) ader Form (CRF) Sequence Listing or CD-R (2 coperifying identity of GAPPLICAT s (cover sheet & attement)	e table or Submission on: Sies); or Siabove copies ION PARTS document(s)) Power of
Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit: Style on the disclosure of the entire disclosure of the prior application, from which an oath or declaration is supplied under Box The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Name McCormick, Paulding & Huber City Place II 185 Asylum Street 185 Asylum Street Customer Number or Bar Code II 185 Asylum Street Art Customer No. or Attach bar code label here) State CT Zip Code 06103-3402 Telephone 860.549.5290 Fax 860.527.0464	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	12.	Document (if ap ure ————————————————————————————————————	pplicable) Copies of IDS Citations 3) SS.C. 122 TM PTO/SB/35
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) City Place II 185 Asylum Street Insert Customer Number or Bar Code State City Place II 185 Asylum Street Insert Customer Number or Bar Code State City Place II 185 Asylum Street Insert Customer Number or Bar Code State City Place II 185 Asylum Street Insert Customer Number or Bar Code State City Place II Insert Customer Number or Bar Code State City Place II Insert Customer Number or Bar Code State Insert Customer Number or Bar Code State City Place II Insert Customer Number or Bar Code State City Place II Insert Customer Number or Bar Code State City Place II Insert Customer Number or Bar Code State City Place II Insert Customer Number or Bar Code State City Place II Insert Customer Number or Attach bar code label here State City Place II Insert Customer Number or Attach bar code label here State City Place II Insert Customer Number or Attach bar code label here State City Place II Insert Customer Number or Attach bar code label here State City Place II Insert Customer Number or Attach bar code label here State City Place II Insert Customer Number or Attach bar code label here State City Place II Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach bar code label here Insert Customer Number or Attach	Continuation Divisional Continuation	on-in-part (CIP) of prior applic	estion No.	
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Address City Place II 185 Asylum Street Hartford City Place II 185 Asylum Street Hartford City Hartford City Hartford City Hartford City Hartford City Hartford City Place II 185 Asylum Street City Hartford City Hartford City Place II 185 Asylum Street City Hartford City Hartford City Place II 185 Asylum Street City Hartford City Place II 185 Asylum Street City Hartford City Place II 185 Asylum Street City Place II 185 Asylum Street Registration No. (Attomey/Agent) City Place II 185 Asylum Street City Place II 185 Asylum Street Registration No. (Attomey/Agent) City Place II 185 Asylum Street Registration No. (Attomey/Agent) City Place II 185 Asylum Street City Place II 186 Asylum Street City Place II 186 Asylum Street City Place I	FOR CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the job, is considered a part of the disclosure of the accompanying continuation of the incorporation can only be relied upon when a portion has been inadverted.	Art Unit: prior application, from which an oat or divisional application and is here		
City Place II 185 Asylum Street Hartford Obntry USA Telephone 860.549.5290 Fax 860.527.0464 Registration No. (Attomey/Agent) 144.755	Customer Number or Bar Code Label (Insert Customer No. or Att	ENCE ADDRESS		idence address below
185 Asylum Street				
Hartford State CT Zip Code 06103-3402	ddress City Place II			
USA	Hartford			
ame (Print/Type) Wm. Tucker Griffith Registration No. (Attorney/Agent) 144 700	ountry USA	101	Zip Code	Jan .
gnature Registration No. (Attorney/Agent) 144 700	T Elej	ohone 860.549.5290		06103-3402
2 44,726	grafum Grafum	Registration No. (Attorney/Acces)		860.527.0464
	oh the gold	(Attorney/Agent)	44,726	

This collection of information is required by 37 CFR 1.58(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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C	omplete if Known
Application Number	
Filing Date	
First Named Inventor	Giridhari L. Agrawal
Examiner Name	
Art Unit	
Attorney Docket No.	4525-08

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
Check Credit card Money Other None					ONAL		S		
✓ Deposit	Account:	- Older -	_			Small			
Deposit	13-0235			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	13-0235			1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account ଧame	McCormic	ck, Paulding & Hu	ber LLP	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
	s authorized to	o: (check all that apply)		1053	130	1053		Non-English specification	
Charge fee	(s) indicated be	elow Credit any o	overpayments	1812				For filing a request for ex parte reexamination	
Charge any	y additional fee((s) during the pendency o	f this application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
_	(s) indicated be lentified deposit	elow, except for the filing t account.	j fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		ALCULATION		1251	110	2251	55	Extension for reply within first month	
1. BASIC F		ALOGEATION		1252	410	2252	205	Extension for reply within second month	
Large Entity S	Small Entity			1253	930	2253	465	Extension for reply within third month	
	Fee Fee Code (\$)	Fee Description	Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month	
1001 750	2001 375	Utility filing fee	275.00	1255	1,970	2255	985	Extension for reply within fifth month	
1002 330	2002 165	Design filing fee	375.00	1401	320	2401	160	Notice of Appeal	
1003 520	2003 260	Plant filing fee		1402	320	2402	160	Filing a brief in support of an appeal	
1004 750	2004 375	Reissue filing fee		1403	280	2403	140	Request for oral hearing	
1005 160	2005 80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
l	l s	SUBTOTAL (1) (\$) 3	75.00	1452	110	2452	55	Petition to revive - unavoidable	
2 FXTRA (CLAIM FEE	S FOR UTILITY AN	D REISSUE	1453	1,300	2453	650	Petition to revive - unintentional	
2. 2.777		Fee fro	om		1,300	2501		Utility issue fee (or reissue)	
Total Claims	22 -20	Extra Claims below	y Fee Paid	1502	470	2502		Design issue fee	
Independent Claims	—	- = 0 x 0	1 = 0	1503	630	2503		Plant issue fee	
Multiple Deper	ndent		18	1460	130	1460		Petitions to the Commissioner	
Large Entity	Small Entity			1807	50	1807		Processing fee under 37 CFR 1.17(q)	
Fee Fee Code (\$)	Fee Fee	Fee Description		1806	180	1806		Submission of Information Disclosure Stmt Recording each patent assignment per	
1202 18	Code (\$) 2202 9	Claims in excess of 20	,	8021	40	8021	40	property (times number of properties)	40.00
1201 84	2201 42			1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280	2203 140			1810	750	2810	375	For each additional invention to be	
1204 84	2204 42	** Reissue independer over original patent	nt claims	1801	750	2801	375	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)	
1205 18	2205 9	** Reissue claims in ex and over original pat		1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 393.00				Other	fee (sp	ecify) _			
**or number previously paid, if greater, For Reissues, see above				*Redu	ced by	Basic F	iling Fe	ee Paid SUBTOTAL (3) (\$) 40.00	

SUBMITTED BY

Name (Print/Type)

Wm. Tucker Griffith

Registration No. (Attorney/Agent)

Additional Agential (Attorney/Agent)

Date

Griffith

Date

Registration No. (Attorney/Agent)

Date

Registration No. (Attorney/Agent)

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